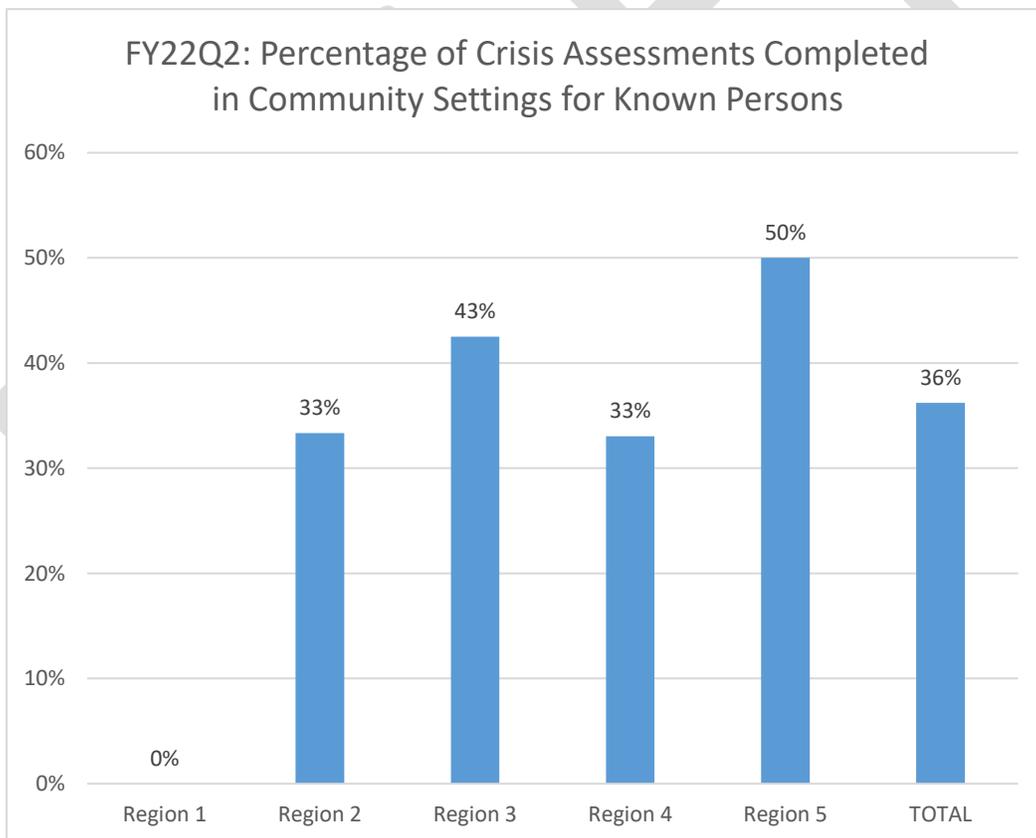


Supplemental Crisis Report: Quarter II-FY22

This report provides supplemental data to the quarterly Adult and Children’s REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The full array of REACH crisis assessments and their locations is available in both the quarterly Adult and Children’s REACH Data Summary Reports. The data provided below speak to the percentage of persons that are known to the system that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB locations. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.



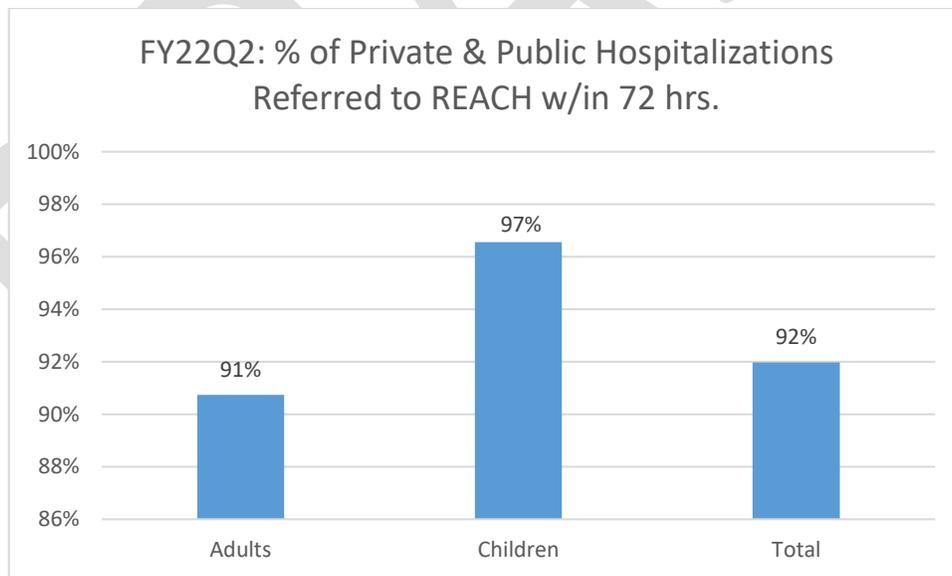
The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target has been set of **86% of children and adults who are known to the system will receive REACH**

crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location); filing reference 7.8. As displayed above, 36% of persons received REACH crisis assessments in a community location in FY22Q2 as opposed to 51% in FY22Q1. This data continues to indicate that the target has not been met for this indicator. These data should not be confused with the crisis assessment data included in the Adult and Children’s REACH Data Summary Reports, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display.

Hospitalizations

The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step down admission to a crisis therapeutic home. A related compliance indicator is as follows: **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH; filing reference 7.13.** As displayed below, approximately 91% of known adults that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe; for children, this percentage is 97%. With both populations combined, the percentage is 92% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is not meeting this compliance indicator for this quarter.



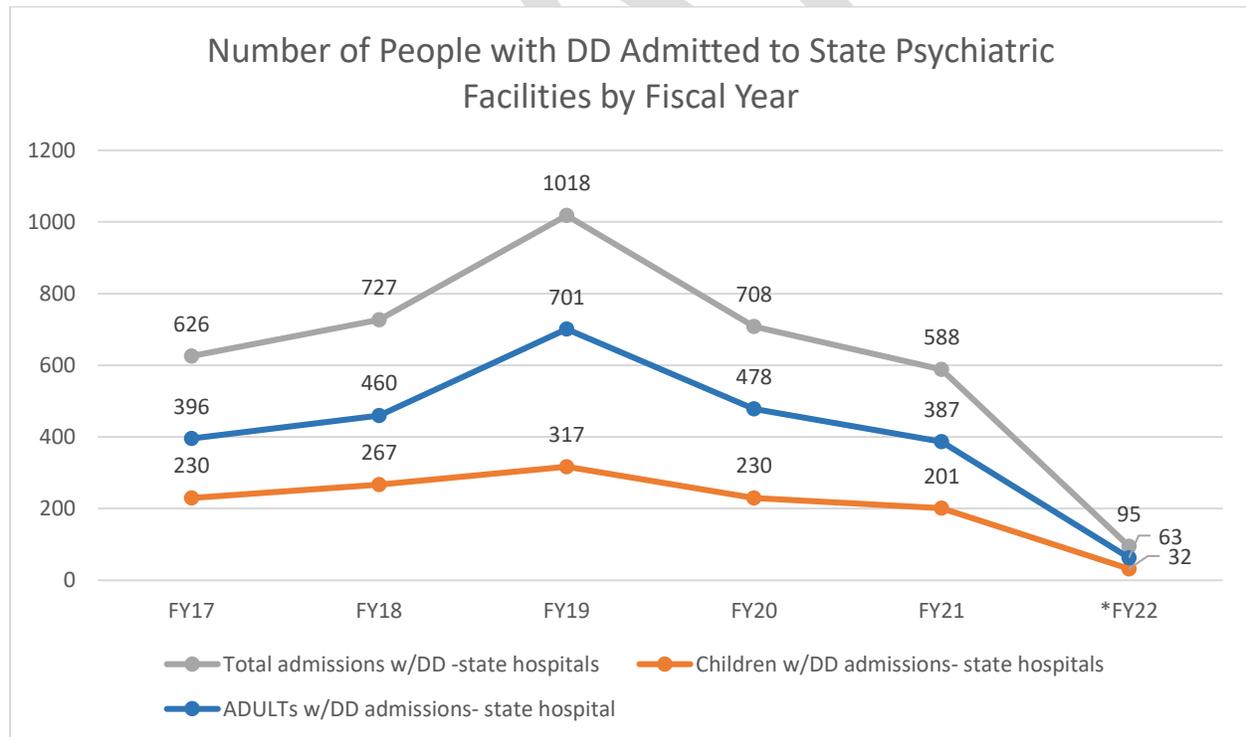
Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD

admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals; filing reference 8.6.** An additional compliance indicator related to the following graphical displays in this “Hospitalizations” section of this report reads as follows (*filing reference 8.7*):

For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:

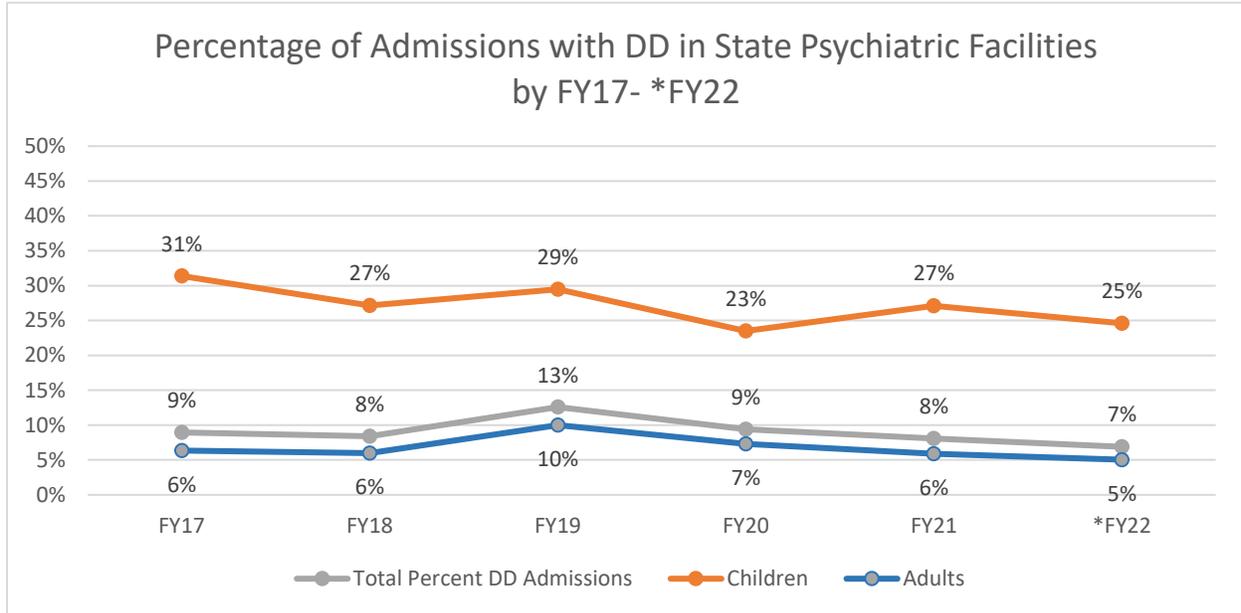
- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

Trend data from fiscal years 2017 through the first quarter of fiscal year 2022 on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.



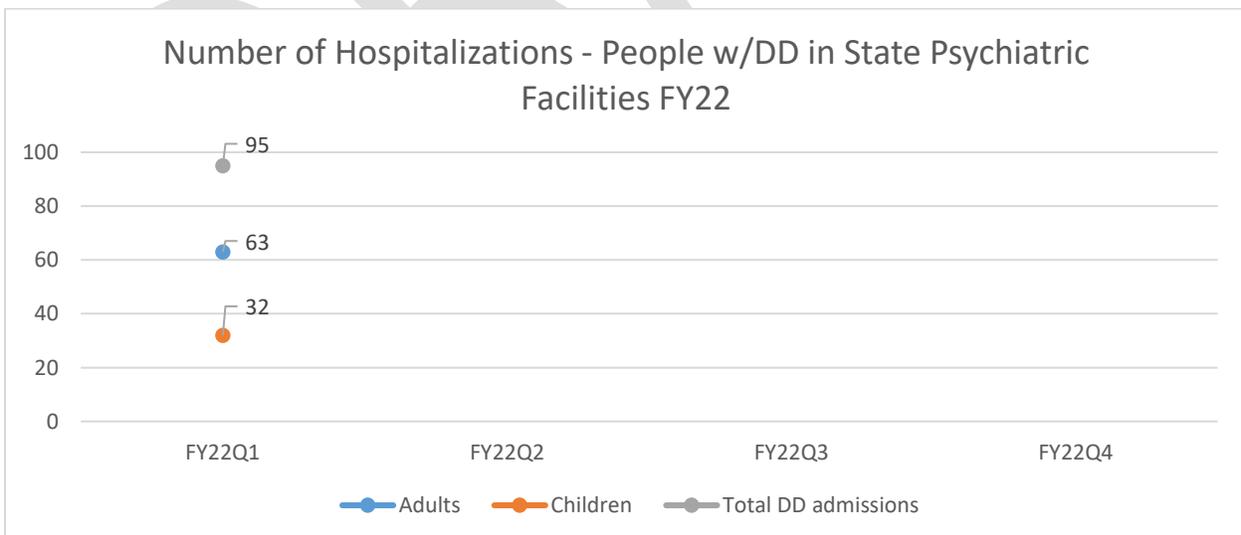
*FY22: This is only quarter one data.

On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17 through the first quarter of fiscal year 2022.



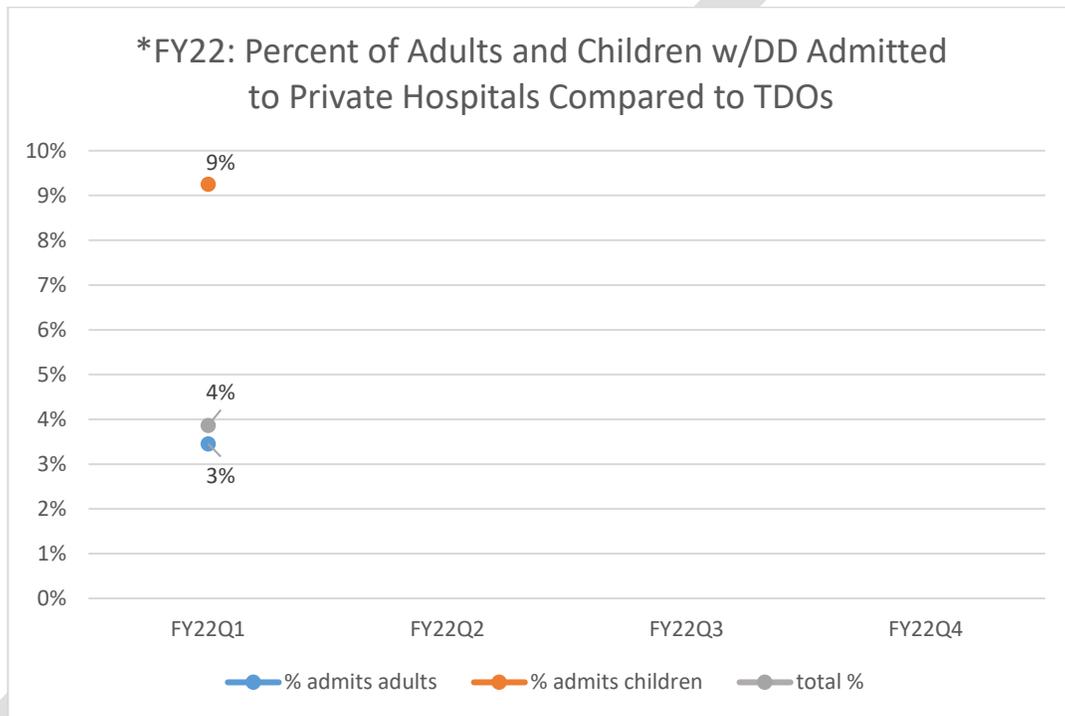
*FY22: This is only quarter one data.

Trend data for quarters of the fiscal year 2022 will be displayed on the graph below as the year progresses.

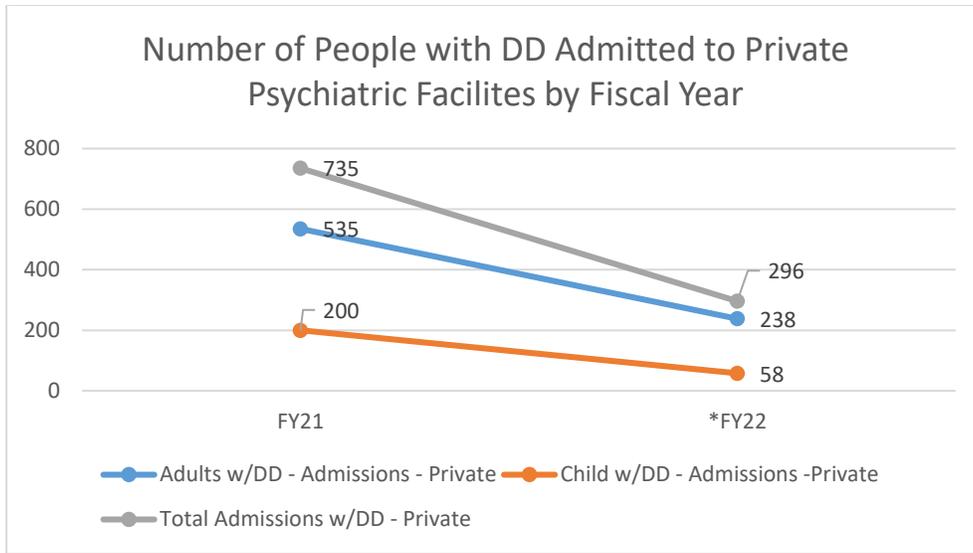


DBDHS is able to provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBDHS also has data available on the number of total Temporary Detention

Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted, individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become aware of; thus, the data that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The first set of data on the following page display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs). The second chart displays the number of individuals with DD, as known to the REACH program, that were admitted in the fiscal year to a private hospital. Note: Fiscal year 2021 was the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.

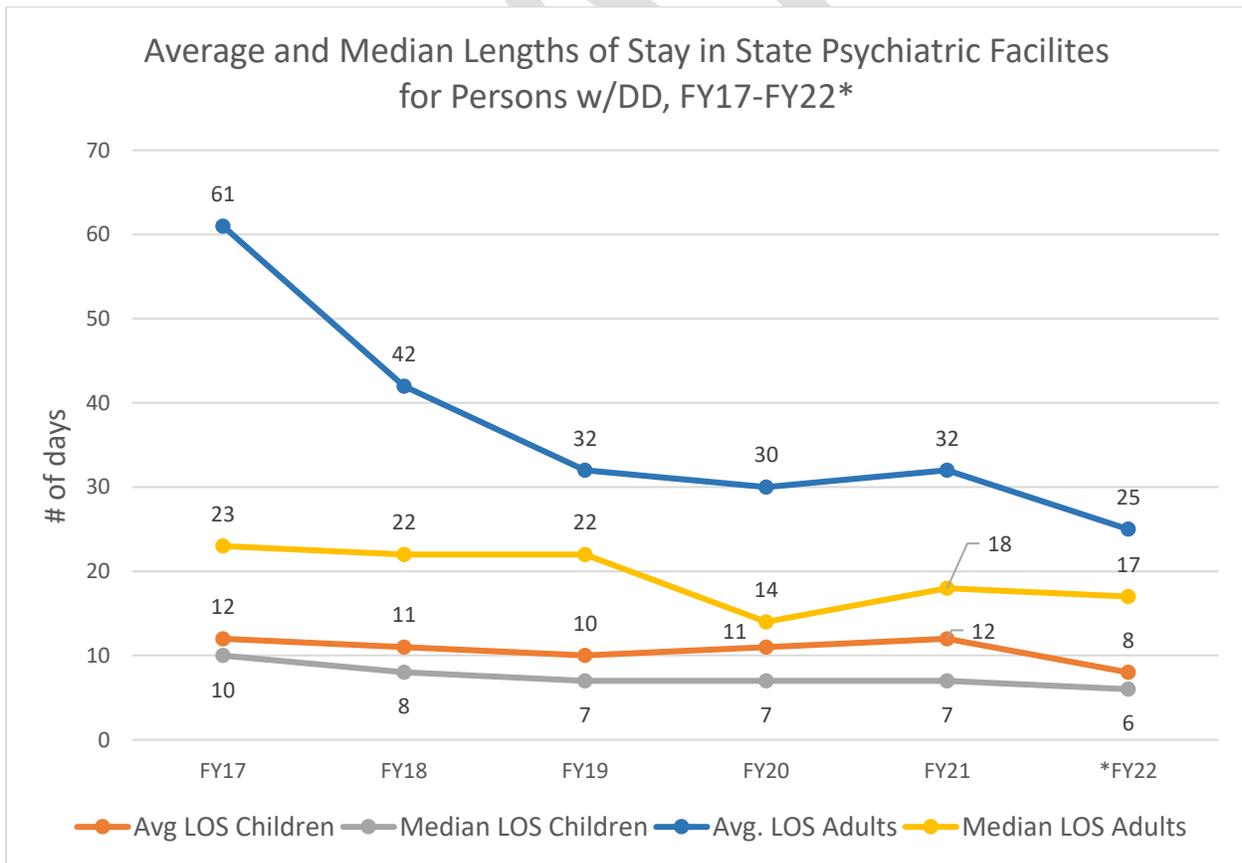


*FY22: This is only quarter one data



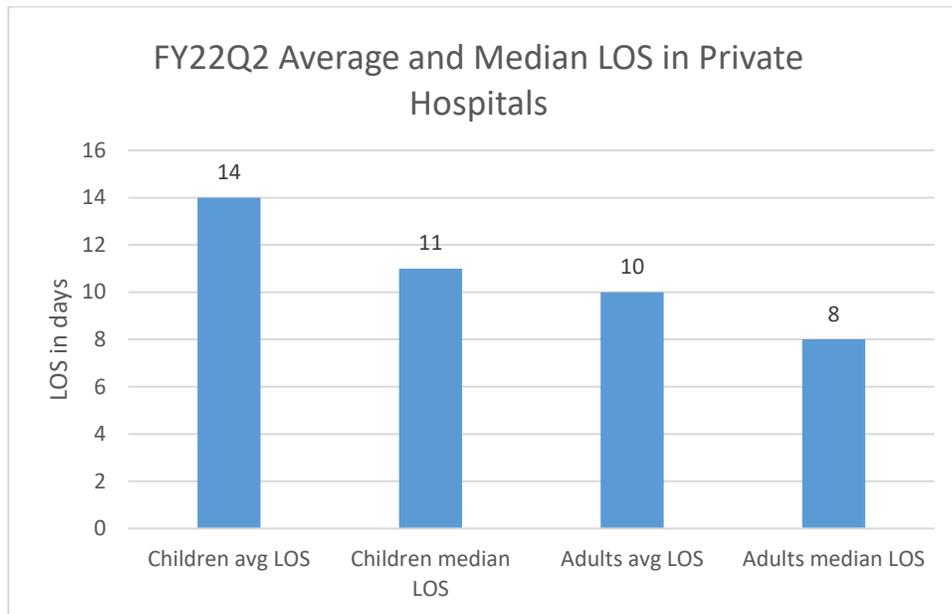
*FY22 includes quarters one and two data

Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY21 are displayed below. Quarter one for FY22 is also displayed on the graph.

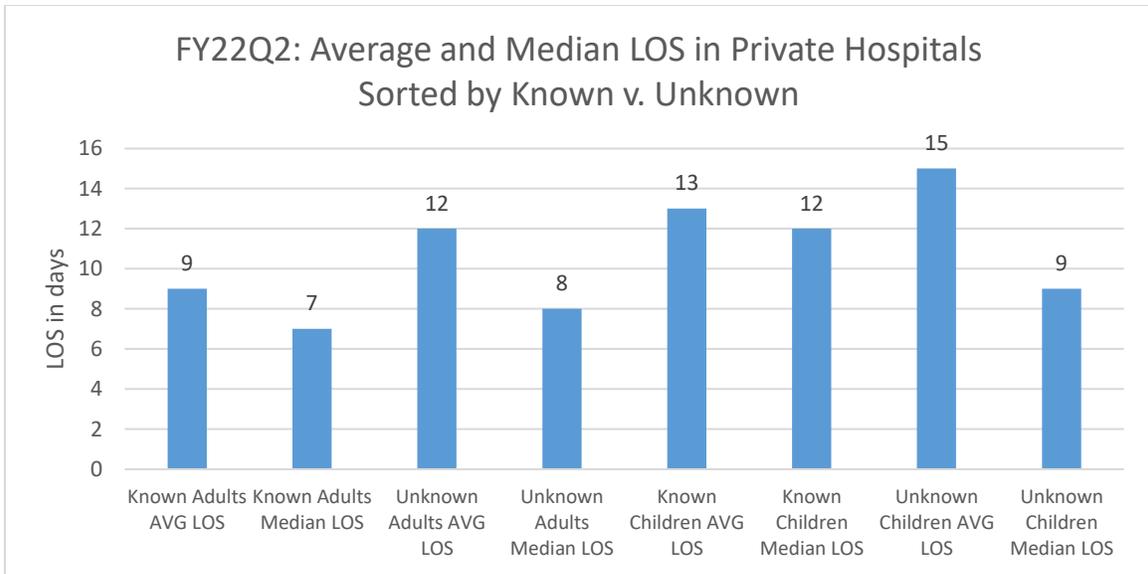


*FY22: This is only quarter one data

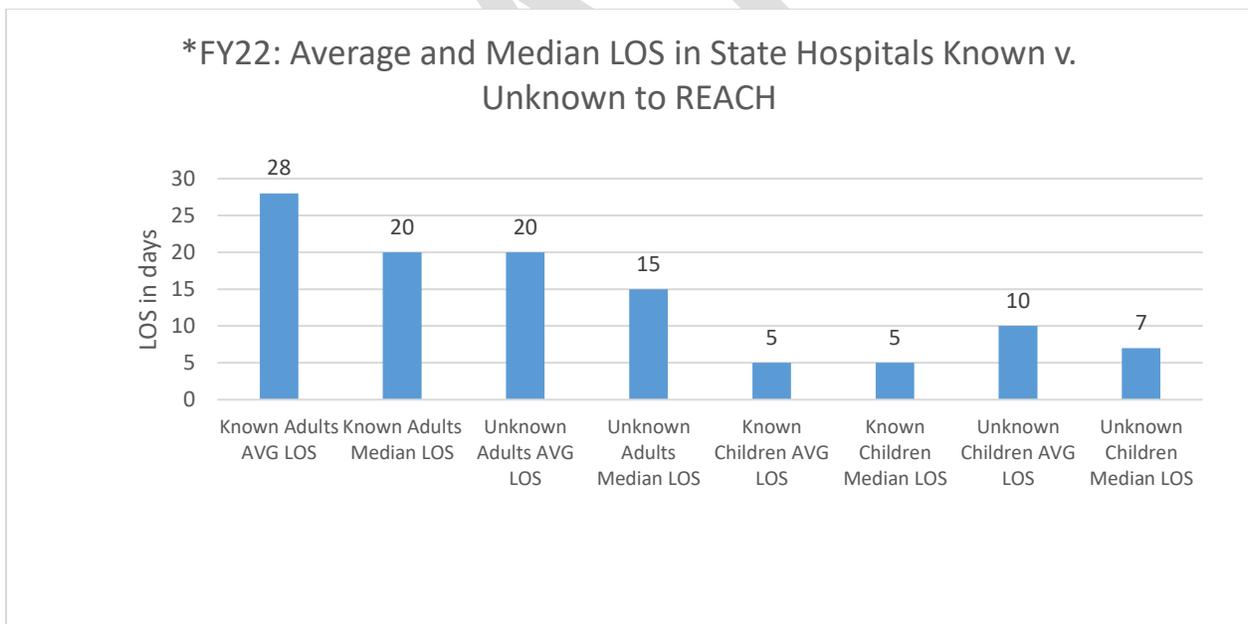
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The data for FY22Q2 for median length of stay was slightly higher with adults being 8 days and children 11 as compared to FY22Q1 data of 6 and 10 respectively. In comparing the average length of stay in FY22Q2 to FY22Q1, the adults average length of stay increased slightly with the adults being an average length of stay from 9 to 10 days and the children’s length of stay increased from 10 to 14 days. This information for the current quarter under review is provided below.



REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services (“known”), REACH can participate in discharge planning and offer mobile supports in the community, or a step down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services (“unknown”) when offered which is outside of the program’s control. Length of stay data for private hospitalizations for FY22 Q2 are displayed on the following page. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as “known” and refusing services is displayed as “unknown”.



Length of stay data for FY22Q1 are noted below for known versus unknown to REACH persons in state psychiatric facilities.

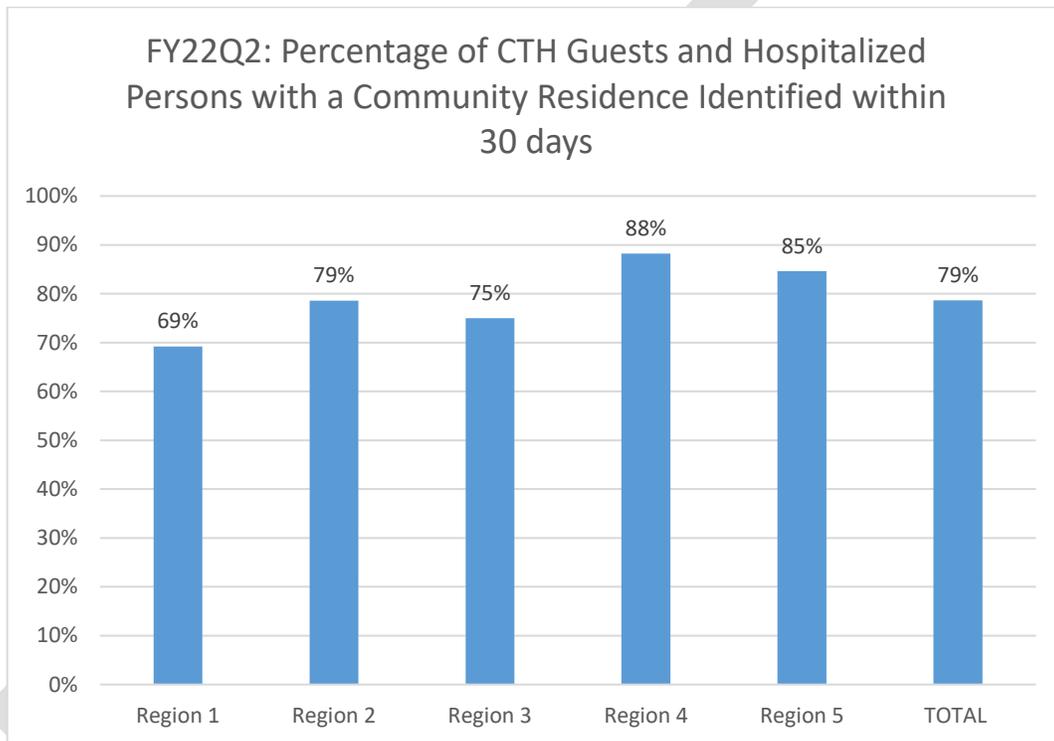


*FY22: This is only quarter one data.

Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a

hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission; filing reference 10.4 (also included in filing reference 11.1).** The data that follow display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services, that have a community residence identified within 30 days. The data is calculated within and across all regions.



As demonstrated above, 79% of this group had a community residence identified within 30 days in FY22Q2, which is not meeting the target for this compliance indicator for this quarter. This is a decrease from the previous quarter (86%).

In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. A

related compliance indicator is as follows: **DBHDS will increase the number of residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals; filing reference 10.3.** As noted in previous reports, seven homes have been brought online through the original FY18 RFP process which upon completion resulted in the opening of 34 new beds in the Commonwealth to serve people with DD who present with challenging behavior/mental health needs. At the time of this report, there are 30 out of 34 beds filled. Two providers are currently working to admit new residents to fill the available beds. Currently, 29 out of 30 beds are occupied by individuals who present with significantly complex behavioral and/or mental health needs; 1 bed is occupied by an individual that stepped down from Central Virginia Training Center due to closure and does not fully meet behavior/mental health targets for the FY18 RFP. Beyond these 34 beds across the seven homes, there are providers that have worked closely with DBHDS to continue to serve this population, totaling seven additional beds. The operators of these seven beds continue to serve this population and all seven beds are currently full. The homes denoted are operational across all regions of the state. At the time of this report, DBHDS is involved in an additional (new) RFP process that closely parallels the parameters of the original FY18 RFP to develop more homes to support individuals with high behavior needs.

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. A related compliance indicator is as follows: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs; filing reference 10.2.** During FY21, there were a total of 71 emergency waiver slots provided, and 25 out of the 71 (approximately 35%) were for individuals with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home.

As reported out in the Supplemental Crisis Report from FY22Q1, there was one person that had secured a waiver slot from FY21Q4 that did not yet have services activated. The current update for this person is available in the table below (Table 1).

Table 1: FY21Q4: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 1 (slot awarded FY21Q4)	Individual's family lives out state and requested that the individual return home; individual discharged back to home state to a group home and did not utilize the waiver slot that was awarded in Virginia

Thus far in FY22, there have been 40 emergency slots awarded, of which 13 (approximately 33%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY22Q2 are available in the table on the following page (Table 2).

Table 2: FY22Q1: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 1	Sponsored residential
Person 2	Sponsored residential
Person 3	Group home, 4 or less beds
Person 4	Services not yet initiated, slot awarded late in quarter
Person 5	Services not yet initiated, slot awarded late in quarter
Person 6	Services not yet initiated, slot awarded late in quarter
Person 7	Services not yet initiated, slot awarded late in quarter
Person 8	Services not yet initiated, slot awarded late in quarter

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (*filing reference 29.26*):

The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.

During the 1st quarter of FY22, 6 individuals were admitted to an ICF IID. Of these 6 individuals admitted to an ICF IID, 1 of these individuals was on the Priority One waiting list.

Additionally, during the 1st quarter of FY22, there were 197 individuals admitted to private psychiatric hospital (REACH aware) and 95 admitted to the state psychiatric hospitals. Of these 292 individuals in the first quarter, 12 individuals were on the priority one waiting list.

Finally, during the 1st quarter of FY22, there were 74 adults and 1 child that were screened for admission to a nursing facility. None of these people were on Priority 1 other than the 1 person who was accounted for in the ICF data above.

The total number of people institutionalized from the Priority 1 waiting list was 13. The total number of people on the Priority 1 waiting list as of 12/31/2021 was 3,598. Therefore, DBHDS met the expectation as 99.996% of people on the Priority 1 waiting list were not institutionalized.

Crisis Education and Prevention Plans and REACH Employee Training

As per agreement, the two compliance indicators listed below are on a semi-annual report out schedule. Therefore, no data is provided for this quarter, but will be included in the FY22Q3 Supplemental Crisis Report.

- A related compliance indicator for mobile crisis CEPPs is as follows: **86% of initial CEPPs are developed within 15 days of the assessment; filing reference 8.4.**
- A related compliance indicator for REACH employee training is as follows: **86% of REACH staff will meet training requirements; filing reference 8.3.**

Assessing Risk for Crisis/Hospitalization

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool and associated training are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

DBHDS will ensure that all CSB Executive Directors, Developmental Disability Directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training will also be made available to intake workers at CSBs on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or link them to REACH crisis services; filing reference 7.5.

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia's Learning Center (COVLC) on July 1, 2020. As of January 11, 2022, a total of 3,227 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 60 CSB/BHA personnel trained since the previous report (3167 staff were trained as of October 2021).

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; filing reference 7.7.**

DBHDS completed a review of a statistically significant sample of CATs to include review of CATs administered across all CSBs/BHA in the Commonwealth; the sample consisted of a randomized request from CSBs of approximately 300 CATs, with the number of CATs requested from the CSBs/BHA based upon the DD population that each CSB serves. The quality review process focused on the following two areas:

- **Scoring integrity**, specifically reviewing the responses to the questions on the CAT corresponding to the appropriate scoring outcome. For example, any CAT that has any question which is responded to with a "yes" should have an outcome of being referred to REACH (exception being instances in which the individual/their decision maker decline the referral); conversely, CATs with only "no" responses to questions do not require a referral to REACH.
- **Referral integrity**, specifically reviewing CATs that indicated a REACH referral was required, that the referral was accepted by the individual/their decision maker, and that the CSB indicated that they made the referral. These outcomes were cross checked with REACH referral records to determine if the referral occurred.

As it relates to **scoring integrity**, 98% of audited CATs across the Commonwealth had the appropriate scoring outcome, meaning that the responses to the questions on the tool corresponded to the appropriate scoring outcome.

As it relates to **referral integrity**, 100% of audited CATs across the Commonwealth that indicated a REACH referral was required (and the referral was accepted by the individual/their decision maker) and the CSB indicated a referral was made also had a corresponding referral to REACH. Any CAT in which the CSB indicated a referral was made to REACH was cross-checked with REACH referral data to determine referral integrity.

It should be noted that while 309 CATs were requested, 306 sets of documents were reviewed (99% of those requested produced by CSBs and reviewed). Three different CSBs were not able to produce a CAT for a requested person based on support coordinator error (3 people). The absence of these CATs is included as scoring errors in the scoring integrity calculation above since no scoring was completed at all. These CSBs have indicated that follow up was provided to ensure the error does not occur again. Additionally, 5 people that were randomly selected did not require a CAT as they were already connected to REACH services, which was noted in the documentation the CSBs provided for DBHDS review and is in line with expectations, as a CAT does not need to be administered to someone that is already receiving REACH services.

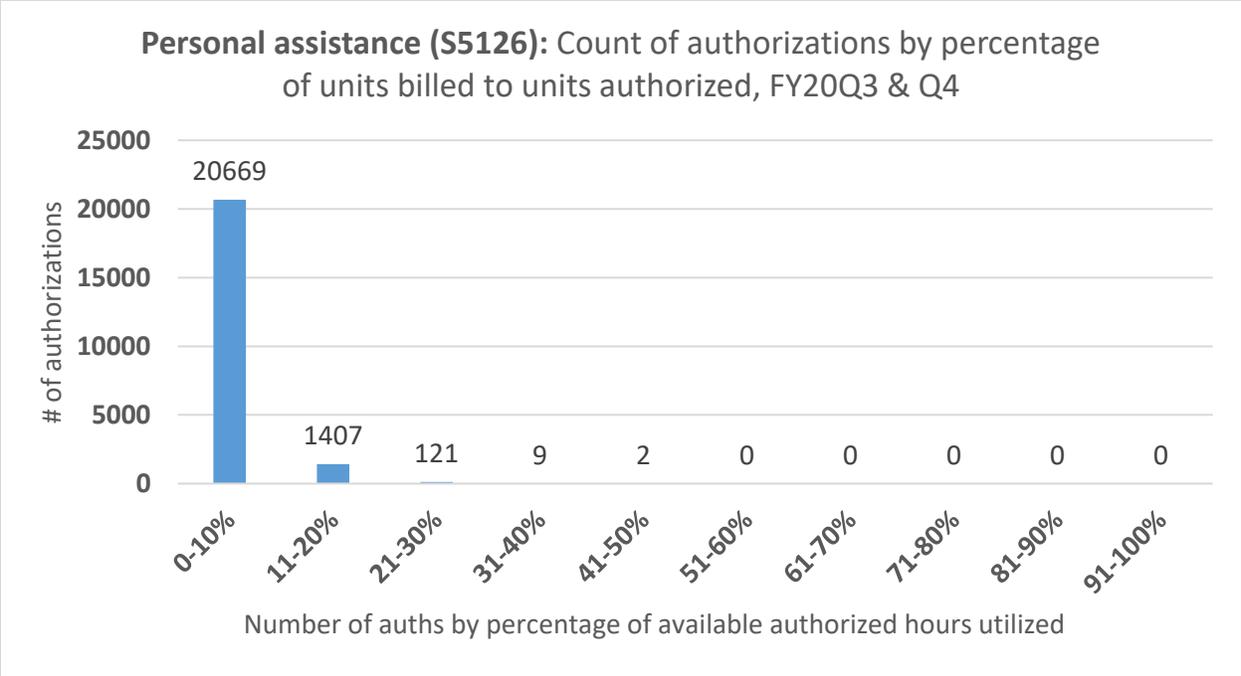
Availability of Direct Support Professionals

In past reports, the data in this section has corresponded to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category (filing references 7.21, 7.22, and 7.23). These data will be reported out again in the next Supplemental Crisis Report and a semi-annual basis thereafter. For this quarter, as recommended by the DOJ consultants during the 18th review period, DBHDS undertook a review of billing claims for these services to better understand the number of hours that were utilized (billed) in comparison to the number of hours that were authorized. As providers have one year from the date of services being rendered to submit billing claims, this lookback review encompassed the time period of FY20 Q3 and Q4. This summary of findings has been developed as a review of associated data that includes a comparison of approved authorizations for Personal Assistance (S5126), Respite (S5150), and In-Home Supports (H2014-UA) to the submitted and paid billing claims for the same timeframes. The review is also in reference to the next level review process to invest in a continuous quality improvement model. The specific focus of this “look back” review is to address the expectations of the aforementioned compliance indicators in this section (7.21-7.23).

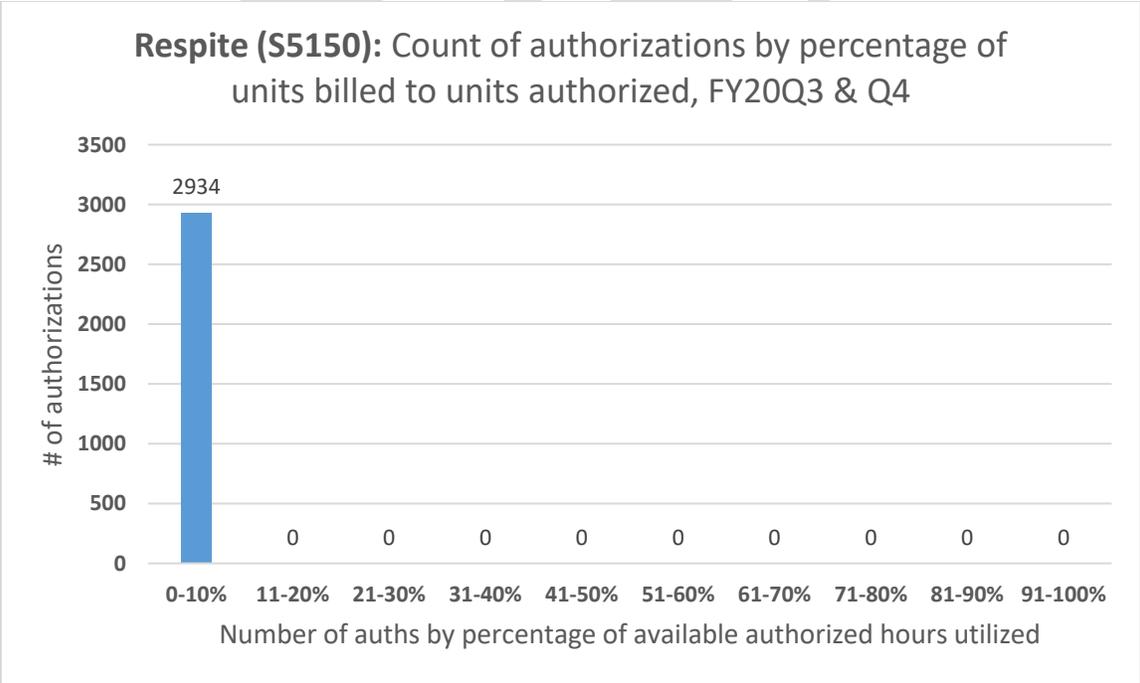
The table which follows addresses the question of, “Did the individual receive the services as authorized?” with a brief summary of data etiology. Graphical representations on the number of authorizations by authorization type broken into a percentage of utilized hour’s category follow the table, along with a brief summary statement for each display.

Table 3: Summary of data source/review for service authorization utilization “look back”

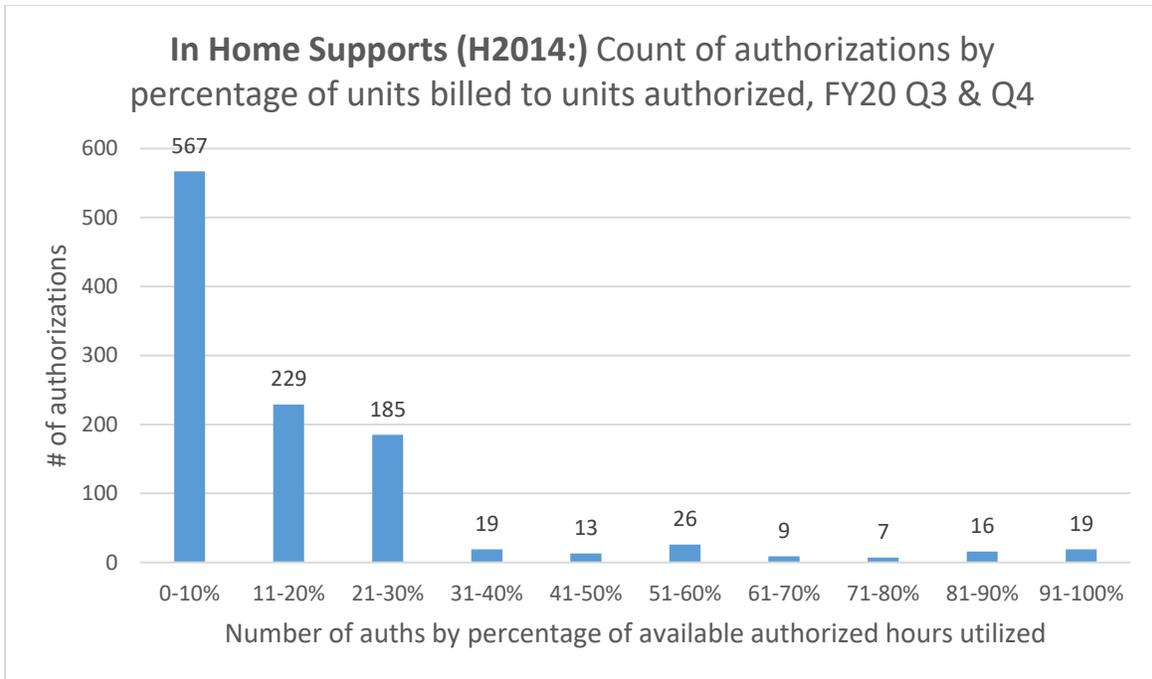
<i>Qualitative metric from compliance indicator 7.21 a-c, 7.22.</i>	<i>Associated data notes</i>
A. Did the individual receive the services authorized?	DBHDS requested member authorizations and associated paid member claims for the period of FY20 Q3 and Q4 for this “look back” review from Department of Medical Assistance Services (DMAS), primary payer for Medicaid Waiver Services included in this review for S5126, S5150, H2014-UA. See graphical displays below.



The graphical display above denotes that the vast majority of authorizations for Personal Assistance had between 0 and 10% of authorized hours used (93%). Approximately 6% of authorizations for this time period had between 11 and 20% of authorized hours used; the remaining authorizations account for less than 1%. No authorizations had more than 45% of authorized hours billed.



The above display on respite services demonstrate that 100% of service authorizations used between 0 and 10% of the available authorized hours. No authorization had more than 7% of units utilized.



The display above on In Home Supports demonstrates more variability with the count of authorizations spreading across differing percentage utilization categories. Fifty-two (52) percent of authorizations utilized between 0 and 10% of available units, 21% utilized between 11 and 20% of available units, and 17% of authorizations utilized between 21-30% of authorized hours. The remaining authorizations were relatively evenly distributed across the percentage of authorized units utilized categories (31-100%).

Summary of findings

Results of this review demonstrates that for each of the services areas services were impacted by barriers documented during the primary review with families of individuals reviewed for the Availability of Direct Support Professionals. The report associated with this look back review FY20 Q3 and Q4 Availability of Direct Support Professionals reflects the following barriers to providers of services Respite, In-Home Supports, and Personal Assistant Services, as follows:

- *Information gathered from families during interview with a DBHDS reviewer and demonstrate families all families were experiencing challenges across the state related to COVID, which has influenced many aspects of service provision during this review period.*
- *Presenting barriers included staffing shortages and staffing turnover related to report of lower than competitive wages, which families report is a barrier to attracting and retaining staff.*

The outcome of the data reviewed mirrors the impact of COVID-19 and the lack of staffing due to identified issues including turnover rates and competitive wages. Continuous quality improvement remains a goal of DBHDS with focus of qualitative review data to continually improve service delivery to children and adults with identified significant behavior support needs.

Summary

This is the eighth supplemental quarterly report on specific indicators agreed upon between the Commonwealth and the US Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. Data will continue to be utilized to guide decision

making to meet the overarching goal of Virginians with a developmental disability that contact the crisis system receiving timely and effective services in the least restrictive setting possible.

ADDENDUM

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS will begin providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report customized rate applications, approvals, and denials quarterly.* The tables below provide data on applications, approvals, and denials for customized rates from July 1, 2021 through September 30, 2021.

Table 4: Customized rate approvals and denials FY22Q1

Application Status	Approved	Denied	Total
Processed/Decision Rendered	50	8	58

The table above outlines the total number of applications during this time period to include approved and denied. As noted above, 86% of applications were approved.

Table 5: Approvals & denials by SIS level, FY22Q1

SIS	Approved	Denied	Total
Level 1	0	0	0
Level 2	5	1	6
Level 3	5	1	6
Level 4	11	2	13
Level 5	4	0	4
Level 6	2	0	2
Level 7	23	4	27
TOTAL	50	8	58

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

Table 6: Approvals & denials by service requested, FY22Q1

Service	Approved	Denied	Total
Group Day	6	0	6
Group Home	44	7	51
In home Supports	0	1	1
Sponsored	0	0	0
Supported Living	0	0	0
Community Coaching	0	0	0
TOTAL	50	8	58

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

Table 7: Approvals & denials for residential services based on bed capacity

Bed Capacity	Approved	Denied	Total
4 or less	40	6	46
5 Bed	4	0	4
6 Bed	0	1	1
7 Bed	0	0	0
8 Bed	0	0	0
N/A (Day Services)	6	1	7
TOTAL	50	8	58

The final table above provides information on the bed capacity of the provider that requested the customized rate. Note that approximately 88% of the requests were for a residential based customized rate (e.g. group home, in home supports).

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